AMENDMENT TRANSMITTAL LETTER						Docket No. HOI-14302/16	
Application No.		Filing I	Examiner			Art Unit	
10/560,519-Conf. #5664		March 20	M. C. Henry		y	1623	
plicant(s): Inge	Dorthe Hanse	n					
vention: TREAT	MENT OF SYM	IPTOMS ASS	OCIATED W	ITH BACTI	ERIAL V	AGINOSIS	5
		THE COMMI					
ransmitted here					tion.		
ne fee has been	calculated and						
		17/14/77	S AS AMENI	DED		1	
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate			
Total Claims	32	- 32 =	0	- · · · · · · · · · · · · · · · · · · ·	26.00		0.00
Independent	3	- 4 =	0	x 1	10.00		0.00
Claims Multiple Depend			<u> </u>				
Other fee (pleas	e specify):						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:							0.00
Large Entity	OHAL I BETT			[v] Sm:	all Entity	<u> </u>	
	1.6	-		<u> </u>	an Emily		
x No additiona	•						
Please charg	ge Deposit Acc	ount No	i	n the amou	nt of \$_		·
A check in th	e amount of \$		to cover	the filing fe	e is enc	losed.	
Payment by	credit card. Fo	rm PTO-2038	is attached.				
X The Director as described	is hereby auth I below. A dup				count N	o. <u>07</u> -	1180
x Credit ar	ny overpaymen	t.					
<u></u>	ny additional fili		n processina	fees require	d under 3	37 CFR 1.1	6 and 1.17.
[X] Offargo	1/1/	11					
1/1	<u> </u>	/		Date	ed:	June 17	, 2011
Julie K. Staple	Pog No · FO /	13/					
Attorney/Agent	_						
GIFFORD, KRA 2701 Troy Cent Post Office Box Troy, Michigan (734) 913-9300	er Drive, Suite 7021 48007-7021		N & CITKOW	'SKI, P.C.			